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ABSTRACT

A 3 and a half year project explored the effectiveness of education in preparing nurses in the United Kingdom to meet the needs of older people and their carers within a multi-disciplinary, multi-agency context. It was comprised of comprehensive reviews of the relevant literature; an empirical study involving 781 student nurses and 855 qualified practitioners; case study methods for 4 sites in England; and data collection involving face-to-face and telephone interviews, focus groups, workshops, observations, and documentary analysis. Findings provided important insights into nurses' perceptions of work with older people and of their knowledge and understanding of the situation of older people today. The study indicated nurses had only limited knowledge of the demographic situation of older people. However, there was no evidence of negative attitudes towards older people but rather an awareness, among student nurses in particular, of the "impoverished environment" in which older people received care. Exposure to such impoverished environments often made work with older people an unattractive career option for students. In creating a positive learning experience for students and providing high quality care for older people, the best placements ensured students were able to have a sense of security, belonging, continuity, purpose, achievement, and significance. The implication was that, if the care older people receive is to improve, then there is a need to develop and sustain a "relationship-centered" approach to care. (Author/YLB)

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research HIGHLIGHTS

Longitudinal Study of the Effectiveness of Educational Preparation to Meet the Needs of Older People and Their Carers: The Advancing Gerontological Education in Nursing (The AGEIN) Project

Abstract

This three and a half year project was commissioned by the English National Board for Nursing, Midwifery and Health Visiting to explore the effectiveness of education in preparing nurses to meet the needs of older people and their carers within a multi-disciplinary, multi-agency context. It comprised both comprehensive reviews of the relevant literature and in-depth empirical study (see methods).

The results provide important insights into nurses' perceptions of work with older people, and of their knowledge and understanding of the situation of older people in the UK today. The study indicates that nurses have only limited knowledge of the demographic situation of older people. However, there was no evidence of negative attitudes towards older people but rather an awareness, amongst student nurses in particular, of the 'impoverished environments' in which older people receive care. Exposure to such environments often made work with older people an unattractive career option for students. If the care older people receive is to improve then there is a need to develop and sustain a 'relationship-centred' approach to care.

Introduction

The AGEIN Project arose out of the English National Board's long-standing concerns about the quality of health care that older people receive and their desire to identify the ways in which the education of nurses might promote the professional knowledge, skills and abilities needed to provide care of the highest standard. These research highlights present a summary and overview of a three and a half year longitudinal study that explored in detail the educational experiences of nurses, particularly student nurses, and which identified the existence of both 'impoverished' and 'enriched' environments of care. The highlights consider the nature of such environments and the reciprocal relationships that characterise the best caring situations.

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Method

The study adopted a two-phase design and comprised both conceptual and empirical elements.

- The conceptual phase involved an analysis and synthesis of the literature relating to the care of older people in six areas of practice: acute and rehabilitative care; community and primary care; continuing care; mental health; palliative care; learning disabilities. The results of this phase were published by the Open University in a text entitled 'Working with older people and their families: key issues in policy and practice' (Nolan et al, 2001).

- The empirical phase comprised extensive and intensive components. The extensive component used survey techniques to explore nurses' (both students and qualified practitioners) knowledge of the demography of ageing in the UK and of older people's need for help and support, and also nurses' perceptions of working with older people in general, their own predispositions to work with older people, and their perceptions of the potential impact of working with older people on their future careers. New instruments were designed for both these purposes and data were collected from large groups of student nurses (n = 718) and qualified practitioners (n = 855). In addition, nurses' knowledge of older people was compared to that of the general public and university students.

- The intensive component provided a rich description of the educational experience of nurses and considered the extent to which their training equipped students with the appropriate knowledge, skills and attitudes to provide high quality care for older people and their carers. Case study methods were adopted in four sites in England and data were collected from a number of groups, including student nurses, educationalists, qualified nurses, older people and family carers using a variety of techniques such as individual face-to-face and telephone interviews, focus groups, workshops, observation and documentary analysis.

Results

Conceptual phase

The conceptual phase identified several new cultures of care for older people within the literature promoting a more person-centred approach. Moreover, despite the differing practice areas that were explored, common themes could be identified which focussed on the greater involvement of older people and their families as active participants in, rather than passive recipients of, care. Notwithstanding this apparent consensus regarding the desirability of a person-centred approach to care it was difficult to distil its varying dimensions. However, the literature suggested that there was a reciprocal relationship between the delivery of high quality care and the extent to which both professional and family carers felt valued and appreciated themselves. Mulrooney (1997) captured this when he suggested that there are three prerequisites for person-centred care:

- Respect for 'personhood'
- Valuing interdependence
- Investing in caregiving out of choice

The latter point is particularly important, as one of the main aims of the AGEIN Project was to provide insights into those factors that either encouraged or inhibited nurses from choosing to work with older people. At the conclusion of the conceptual phase it was suggested that the dynamics of care-giving and care-receiving relationships are such that 'best care' requires respect for all the parties involved and that an understanding of the interdependencies that evolve over time is of central importance (Nolan et al, 2001). We proposed that several important elements of reciprocal caring relationships could be understood by the extent to which participants experienced six 'senses' (Nolan et al, 2001). These are a sense of: security; belonging; continuity; purpose; achievement and significance. An exploration of the relevance of these senses to the experience of student nurses in particular was an important goal of the intensive component of the project.

Extensive component

The surveys produced large volumes of quantitative and qualitative data that provided

fascinating insights into nurses' knowledge of older people and their feelings about working with older people.

- The surveys considered nurses' knowledge about the demography of ageing in the UK and their understanding of older people's need for support and use of services. Comparisons were also drawn between nurses and both the general public and university students. All four groups of respondents (student nurses, qualified practitioners, general public and university students) had only very limited knowledge about older people and there was no evidence of any consistent, statistically significant differences between the groups. However, despite the limited appreciation demonstrated by respondents, the data suggested that none of the groups guessed the correct answer but rather that they appeared to draw upon a mental image or perception of older people which was common to all the cohorts polled. The results indicate that the respondents consistently:

- Overestimated the current numbers of older people in the UK and of their use of resources and services such as residential care and hospital beds.

- Underestimated the future growth in the numbers of older people and of their vulnerability to accidents, trauma and long-standing illness or disability.

On the basis of these results we considered that there is a need for widespread education of both the general population and of those working in health and social care about the needs and circumstances of older people.

- The second set of questions asked nurses (students and qualified staff) their feelings about: working with older people in general; working with older people themselves; and the potential impact of working with older people on their future careers. The results provided no indication of enduring negative attitudes in any of these domains with, for example, the vast majority of respondents considering work with older people to be challenging and stimulating and a highly skilled job. However, only 12% of students and 8% of qualified staff felt that gerontological nursing was given a high status. As might be anticipated, many students were as yet undecided about their future career options and were uncertain if they were looking forward to their first placement with older people. Overall the quantitative data suggested that there was considerable potential to favourably influence the likelihood of students choosing to work with older people by ensuring they had positive experiences of such work during their training.

- The qualitative data provided valuable additional insights suggesting that some students did not wish to work with older people, not because of negative attitudes but rather because they had chosen to work elsewhere, for example, with children, or because they had extensive experience of work with older people prior to entering nursing, for example, as a care assistant, and now wanted a change. While there was no indication of negative attitudes towards older people among those polled, respondents were acutely aware of ageism at 3 levels: among society as a whole; as evidenced by the health care that older people received; and in the lack of status and prestige accorded to gerontological nursing. For many respondents this motivated a desire to challenge such ageist attitudes, but for others it suggested that gerontological nursing was not an attractive future career option.

Irrespective of whether they wanted to, or currently did, work with older people most respondents described gerontological nursing as being 'hard' in terms of the physical and emotional demands it made. However, those respondents who indicated that they were likely to consider gerontological nursing as a future career option saw such work as 'hard but rewarding' and believed that they could 'make a difference' to the quality of care that older people received.

It was the nature of students' experience of placements with older people that exerted the most powerful influence. Many students encountered what we termed 'impoverished' environments of care which were either lacking in basic equipment and suffered poor staffing levels and/or staff exhibited negative attitudes

towards older people and delivered care that students considered to be of unacceptably low quality. These environments were encountered both on placements and when students worked as care assistants to supplement their bursary. Repeated exposure to impoverished environments exerted a number of negative effects. Conversely, students and qualified staff who considered that they had a positive experience of working with older people demonstrated consistently more positive attitudes about gerontological nursing.

Intensive component

The primary aim of the intensive component was to explore in detail the educational experience of student nurses, particularly their contact with older people during their training. The results reported here draw on the detailed longitudinal focus groups in which students were asked about those placements in which they had nursed older people. Focus groups were supplemented with site visits to several of the clinical areas providing care for older people. Consistent with the surveys this component identified both 'impoverished' and 'enriched' environments, which could be understood using the six senses which were constructed following the conceptual phase of the study. In terms of creating a positive learning experience for students and providing high quality care for older people, the best placements ensured that students, staff and patients/carers in their various ways were able to have a sense of security, belonging, continuity, purpose, achievement and significance. For students these senses were manifest in the following ways:

- ***A sense of security*** – provided students with the freedom to learn and explore roles and competencies within a supportive, enabling but challenging environment that recognised the physical and emotional vulnerabilities of being a student. Students were more likely to experience a sense of security if they were well prepared for their placements, well supported during their placements, and had opportunities to talk over and reflect upon negative experiences of care and/or emotionally challenging aspects of work such as death. The role of the mentor, here and elsewhere, was crucial.
- ***A sense of belonging*** – involved feeling part of a defined group, with a clear and valued contribution to make, mainly, but not exclusively, in the clinical arena. It is about identifying with a community of peers, belonging to a cohort of students and forging an identity as a 'nurse'. The data suggested that students felt that they 'belonged' far more in some placements than others. In terms of their overall training many students did not feel that they 'belonged' to the university, and most of their sense of identity related to their branch programme.
- ***A sense of continuity*** – was about being able to make links and connections between nursing as taught and nursing as witnessed, having consistent relationships and advice, experiencing good standards of care underpinned by a clear and agreed philosophy. Continuity was enhanced when there were good relationships between the 'school' and placement areas. This appeared to be highly variable.
- ***A sense of purpose*** – relates to having valued goals to aim for, to feel that you are able to 'make a difference'. Students' sense of purpose was defined in many ways relating to: their personal goals and ambitions; their need to 'pass the course'; and their desire to become a 'good nurse'. Students' vision of what constituted 'good' nursing was largely determined by their experience on their placements and their work as care assistants, which many students undertook to supplement their bursary. Impoverished and enriched environments were highly influential in the 'focus' that students adopted. Impoverished environments in which students did not feel safe or were not made to feel that they belonged tended to result in a 'self as focus' model where the aim was to 'survive' the placement and move on. Conversely, enriched environments helped students to develop a mature set of standards for good care so that meeting the needs of the patient, and eventually the person, provided their primary sense of purpose.
- ***A sense of achievement*** – is about feeling that you are getting somewhere, making progress towards goals, and experiencing being able to 'make a difference'. Making a

difference to care delivery was one of students' primary goals and motivations, and the way in which making a difference was construed was a crucial variable in the attractiveness or otherwise of gerontological nursing. Students for whom 'making a difference' was primarily related to achieving cure or a return to function were more likely to gravitate towards 'hi-tech' environments. Those who could conceive of a more holistic vision of 'making a difference' were more likely to work with older people.

- ***A sense of significance*** – is feeling that you 'matter' as a person and as a student, that what you do is recognised, valued and acknowledged by significant others. It involves developing a belief that nursing and patient care matters and is accorded status. This has been one of the enduring challenges facing gerontological nursing and we feel that the senses can provide a therapeutic rationale that has been lacking in the past.

Being able to see gerontological nursing as being significant is therefore essential but is often difficult due both to the ageist attitudes students experienced, and their exposure to 'impoverished' environments of care. Overall the data from all phases of the study provided compelling evidence that positive experience of work with older people is one of the key influences determining whether gerontological nursing is seen as interesting and exciting and is viewed as an attractive future career option.

Conclusions

Due to limitations of space these highlights have concentrated mainly on the students' experience, but the study also demonstrated the relevance of the 'senses' to qualified and unqualified staff, older people and family carers. What was missing, however, was any explicit attention to the relational aspects of care within the educational provision studied. There is a need to recognise the importance of the reciprocal and dynamic nature of caring relationships so that all parties are enabled to experience the various senses. Just as students need to feel security, belonging, continuity, purpose, achievement and significance, so in their varied ways do older people, family carers and both qualified and unqualified staff. The full report provides a number of insights into what the senses mean for these groups and how they might be achieved. Although there is still a need for more development work the senses clearly resonated with and made 'sense' to all of the participants in the AGEIN Project.

On this basis we would like to conclude by suggesting that although 'person-centred care' has challenged many negative stereotypes and lies at the heart of the National Service Framework for Older People (DoH, 2001), it presents a rather limited vision. To concentrate on the needs of one person is to run the risk of potentially ignoring the needs of other key contributors to giving and receiving care. We would instead promote 'relationship-centred care' (Tresolini and Pew-Fetzer Task Force, 1994, http://www.Fetzer.org/rcc/) that focuses on the relationships that form the context of care underpinned by the belief that:

> *'The phrase 'relationship-centred care' captures the importance of the interaction among people as the foundation of any therapeutic or teaching activity. Further relationships are crucial to the care provided by nearly all practitioners and a sense of satisfaction and positive outcomes for patients and practitioners. Although relationships are a prerequisite to effective care and teaching, there has been little formal acknowledgement of their importance, and few formal efforts to help students and practitioners learn to develop effective relationships in health care.'*
>
> (Tresolini and Pew-Fetzer Task Force, 1994, p11)

While the above authors promote a vision of relationship-centred care they also recognise that there is a need for further research that elaborates upon 'the dimensions of a relationship-centred approach to care'. It is our hope that the senses have provided an important first step in identifying several of the conditions necessary for older people and their families to receive care of the highest possible standard and for those who provide such care to feel recognised and valued for the contribution that they make.

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Details of the Project

Timescale: January 1998 – October 2001

Commissioned by the English National Board for Nursing, Midwifery and Health Visiting

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